

# **SCHEDULE A** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC

<b>A.</b> Full Name (Last, First, Middle Initial) MR. JOHN J. LOVETRO Mailing Address 16318 87TH STREET City State Zip Code HOWARD BEACH NY 11414-3342 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 Amount of Each Receipt this Period 250.00 <b>CONTRIBUTION</b> Transaction ID: SA17.55283
Name of Employer SELF-EMPLOYED Occupation PLUMBER Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) MR. AUBREY E. LOVING, JR. Mailing Address 1508 DUKE OF WINDSOR ROAD City State Zip Code VIRGINIA BEACH VA 23454-2504 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7 Amount of Each Receipt this Period 1000.00 <b>CONTRIBUTION</b> Transaction ID: SA17.46715
Name of Employer MAX MEDIA Occupation OWNER/C.O.B. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) MR. PAUL W. LOVULLO Mailing Address 6290 CREEKBEND COURT City State Zip Code CLARENCE CENTER NY 14032-9386 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7 Amount of Each Receipt this Period 1000.00 <b>CONTRIBUTION</b> Transaction ID: SA17.44820
Name of Employer LO VULLO ASSOCIATES, INC. Occupation INSURANCE Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....